

1 PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Township.....

or

Village.....

or

City *St. Louis*Registration District No. *791*File No. *20501*Primary Registration District No. *1003*Registered No. *5557*(No. *St. John's Hospital* St. *25* Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Mary Macanlay*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Widowed*
(Write the word)6 DATE OF BIRTH *August 15, 1830*
(Month) (Day) (Year)7 AGE *86 yrs. 9 mos. 3 ds.* If LESS than 1 day.....hrs. or.....min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work *At home*
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE
(City or town, State or foreign country) *Ireland*10 NAME OF FATHER *Same known*11 BIRTHPLACE OF FATHER
(City or town, State or foreign country) *Same known*12 MAIDEN NAME OF MOTHER *Same known*13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country) *Same known*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mrs. Agnes Cullen*(Address) *2724 Menominee St.*15 Filed *MAY 28 1917* *Mar. B. Starkloff*

Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 18, 1917*
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from *April 10, 1917*, to *May 28, 1917*, that I last saw him alive on *May 17, 1917*, and that death occurred, on the date stated above, at *1:30 a.m.*
The CAUSE OF DEATH* was as follows:*Chronic Interstitial Nephritis*

(Duration) yrs. mos. ds.

CONTRIBUTORS *Senility*
(Secondary)

(Duration) yrs. mos. ds.

(Signed) *W. Murphy* M. D.*May 18, 1917* (Address) *4004 Chouteau Ave.*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death *1 yrs. 6 mos. ds.* In the State *1 yrs. mos. ds.*

Where was disease contracted if not at place of death?

Former or usual residence *Same known*

19 PLACE OF BURIAL OR REMOVAL

*Calvary Cemetery*20 UNDERTAKER *W. B. Starkloff & Co.*DATE OF BURIAL *May 21, 1917*ADDRESS *3842 Menominee*

Revised United States Standard Certificate of Death

[U. S. Census and American Public Health
Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative business of various pursuits can be known. The statement applies to each and every person, irrespective of sex. For many occupations a single word or term in the first line will be sufficient, e. g., *Farmer* or *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in some cases, especially in industrial employments, it is necessary to know (a) the kind of work and also the nature of the business or industry, and therefore an additional line is provided for the latter purpose; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Material worked on may form part of the second line. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise designation, as *Day laborer*, *Farm laborer*, *Laborer—mine*, etc. Women at home, who are engaged in duties of the household only (not paid *Housewife* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, if fully employed, as *At school* or *At home*. Should be taken to report specifically the occupation of persons engaged in domestic service for as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)